

United States Bankruptcy Court Southern District of New York Delphi Corporation et al. Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue El Segundo, California 90245		Administrative Expense Claim Request	
Debtor against which claim is asserted : Delphi Corporation, et al. 05-44481		Case Name and Number In re Delphi Corporation., et al. 05-44481 Chapter 11, Jointly Administered	
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case pursuant to 11 U.S.C. § 503.			
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> Sentry Financial Corporation Name and Address Where Notices Should be Sent 201 S. Main Street, Suite 1400 Salt Lake City, Utah 84111-2215 Telephone No. 801-303-1105		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
THIS SPACE IS FOR COURT USE ONLY			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: N/A		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Lease of Equipment to Debtor used in Bankruptcy		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED Oct. 2005 to Oct. 2009		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ <u>174,756.87</u>			
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
5. Brief Description of Claim (attach any additional information): Delphi had leased equip. from Sentry and three lease Schedules #1, #2 & #2U were still in effect on filing. Delphi did not return equip. or make any payments to Sentry during Bankruptcy but continued to use the equipment. We have, out of an abundance of caution, also filed a proof of claim for rejection damages.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".			
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <u>11-3-09</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>R. Kirk Reaston, E.V.P.</u>		

Delphi Corporation Lease of Equipment from Sentry Financial Corporation

Explanation to be attached to Proof of Claim for (Rejection Damages) and Administrative Claim Form

Month to Month payments: Schedule #1 = \$284.00; Schedule #2 = \$3,063.00 and Schedule #2U = \$92.00
Total Combined Monthly extension payment = \$3,439.00

Month	Payment	Annual Taxes
10-9-05 to 10-30-05 (21 days)	\$ 2,407.23	
11/1/2005	\$ 3,439.00	
12/1/2005	\$ 3,439.00	
1/1/2006	\$ 3,439.00	
2/1/2006	\$ 3,439.00	
3/1/2006	\$ 3,439.00	
4/1/2006	\$ 3,439.00	
5/1/2006	\$ 3,439.00	
6/1/2006	\$ 3,439.00	
7/1/2006	\$ 3,439.00	
8/1/2006	\$ 3,439.00	
9/1/2006	\$ 3,439.00	
10/1/2006	\$ 3,439.00	\$1,818.16
11/1/2006	\$ 3,439.00	
12/1/2006	\$ 3,439.00	
1/1/2007	\$ 3,439.00	
2/1/2007	\$ 3,439.00	
3/1/2007	\$ 3,439.00	
4/1/2007	\$ 3,439.00	
5/1/2007	\$ 3,439.00	
6/1/2007	\$ 3,439.00	
7/1/2007	\$ 3,439.00	
8/1/2007	\$ 3,439.00	
9/1/2007	\$ 3,439.00	
10/1/2007	\$ 3,439.00	\$1,818.16
11/1/2007	\$ 3,439.00	
12/1/2007	\$ 3,439.00	
1/1/2008	\$ 3,439.00	
2/1/2008	\$ 3,439.00	
3/1/2008	\$ 3,439.00	
4/1/2008	\$ 3,439.00	
5/1/2008	\$ 3,439.00	
6/1/2008	\$ 3,439.00	
7/1/2008	\$ 3,439.00	
8/1/2008	\$ 3,439.00	
9/1/2008	\$ 3,439.00	
10/1/2008	\$ 3,439.00	\$1,818.16
11/1/2008	\$ 3,439.00	
12/1/2008	\$ 3,439.00	

1/1/2009	\$ 3,439.00	
2/1/2009	\$ 3,439.00	
3/1/2009	\$ 3,439.00	
4/1/2009	\$ 3,439.00	
5/1/2009	\$ 3,439.00	
6/1/2009	\$ 3,439.00	
7/1/2009	\$ 3,439.00	
8/1/2009	\$ 3,439.00	
9/1/2009	\$ 3,439.00	
10/1/2009	\$ 3,439.00	<u>\$1,818.16</u>
SubTotals:	\$ 167,479.23	\$ 7,272.64
Grand Total:	\$ 174,751.87	